2008 ELECTION CYCLE CPR - SS 08-02(b)

Bruce Currie

# **POLITICAL COMMITTEE'S REPORT OF 2008** Campaign Finance Secretary of State Email Address

Check here if above is different from previous report

ITPEC	JE KEPOKI
CHECK THE CATEGORY	OF REPORT YOU ARE SUBMITTING .

 October 28, 2008	Pre-Election Report (January 1, 2008, through October 25, 2008)
	Pre-Runoff Report (October 26, 2008, through November 15, 2008)Runoff Candidates

January 31, 2009	Annual Report (January 1, 200	8, through December 3	1, 2008)	Mandatory
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Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt or obligations.)

Required to terminate reporting obligations

#### IMPORTANT

- Periodic reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) (1) for total amount of reported contributions and expenditures during this period.
- Until a candidate files a termination report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- The appropriate office must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.
- Contributions in excess of \$200 received after the reporting period but more than 48 hours before 12:01 a.m. on the day of the election must be reported by FAX or otherwise within 48 hours of the contribution. Use separate form "48 Hour Report" to report such activity.

#### REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	(itemize	ed + non-itemized)	89	Total This Period	Calendar year-to-date
Total amount of contributions \$	3450.	+\$	\$	34500	\$ 2//5
Total amount of disbursements \$	983490	+\$ 22/1.41	\$	1201/23/	\$ 12
	Total am	ount of cash on hand	\$	3 477 40	12,046,31
restify that I have ex	camined this report ar	nd to the best of my knowledg	e an	d belief it is true, accurate,	and complete.

(Signature of Officer)

October 28, 2008

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements. Penalties: Fallure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO:

- 1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Delbert Hosemann, Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
- 2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

1- of 16 including page

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Name of Candidate or Committee	Bul Curin	Page	of 16
Reporting period 1-1 -08	through _	12-31-08	-1

A. Full name Cellular 2011+h	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	1.4.08	\$ 205,19 4
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	S
B. Full name  Walmant	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	7114108	\$ 7.01 2
City, State, Zip Code		\$
Purpose of Disbursement (Optional)  Office Supply	Aggregate Year-to-date	\$
C. Full name  Cultura South	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	1124/08	\$ 173 08
City, State, Zip Code		s
Purpose of Disbursement (Optional)  - Cull phone	Aggregate Year-to-date	S
D. Full name DONATION - BROOKhaven Lions Class	Date (Mo., Day, Year)	Amount of each disbursement this period
waiting Address	_/_/_	\$ 8.00
City, State, Zip Code	''	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name  COMMittee Lo Elet Roger Wicke  Mailing Address	Date (Mo., Day, Year)	Amount of each disbursement this period
City, State, Zip Code	1128101	\$ 500 00 V
	_'_'_	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	S
F. Full name Official Women's Club	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address  City, State, Zip Code	L18108	\$ 50,00
	_''	\$
Divince of Dichureamont (Ontinnal) Quis		•

Name of Candidate or Committee Be	ck. Curne	Page of
Reporting period	through	

A. Full game Donation - KREW of Cerus	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	1124105	\$ 150 = 6
City, State, Zip Code		s
Purpose of Disbursement (Optional) DON ALION	Aggregate Year-to-date	S
B. Full-name  Thota Images  Mailing Address	Date (Mo., Day, Year)	Amount of each disbursement this period
maining Audites	215,08	\$ 34,000
City, State, Zip Code		\$
Purpose of Disbursement (Optional) Protives for CAP, +1/	Aggregate Year-to-date	\$
	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	11/6107	\$ 50000
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	S
D. Fullpame South	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	2 1281 08	\$ 172,02
City, State, Zip Code		\$
Purpose of Disbursement (Optional)  LUL PMAL  E. Full name	Aggregate Year-to-date	\$
Cellula South	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	3 13 108	\$ 40.79
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	S
5. Kepullica Part	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	2 127108	s 25 es
City, State, Zip Code		\$
Drum Gold Die Dreamant (Antinnal)	1	•

Name of Candidate or Committee _	Becky	Currie	Page	_3_	_ of	14
Reporting period		through				

A. Full name Anenica Heart ASS	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	2,22,08	\$ 20.35 V
City, State, Zip Code		S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s
B. Foll name    Caca   Lake     Mailing Address	Date (Mo., Day, Year)	Amount of each disbursement this period
	3117108	\$ 57.92
City, State, Zip Code	_'_'_	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
Mailing Address Hotel	Date (Mo., Day, Year)	Amount of each disbursement this period
	3,19,08	\$ 2 20, 76 0
City, State, Zip Code	_'_'_	S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	S
D. Fulf, name  Cultural South  Mailing Address	Date (Mo., Day, Year)	Amount of each disbursement this period
City, State, Zip Code	3,23,08	\$ 174.14 V
		\$
Purpose of Disbursement (Optional)  E. Full pame  Willia  Mailing Address	Aggregate Year-to-date	S
Mailing Address  Millia	Date (Mo., Day, Year)	Amount of each disbursement this period
City, State, Zip Code	3 24 102	\$ 100.00
	_'_'_	\$
Purpose of Disbursement (Optional)  F. Full name	Aggregate Year-to-date	\$
	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code	//	S
Durance of Dichurcement (Ontional)		•

Name of Candidate or Committee	ch corrie	Page # of
Reporting period	through	

A. Full name PANULL POVOCATE	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	4,6,08	\$ 24,00
City, State, Zip Code		\$
Purpose of Disbursement (Optional)  Was Piper	Aggregate Year-to-date	\$
B. Full rigme Outher Water	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	3,24,08	\$ 50,00 /
City, State, Zip Code		s
Purpose of Disbursement (Optional)  Donation Student Labachisto topo	Aggregate Year-to-date	\$
Donation for Stupent Washington trip C. Full name V.S. Posta Jennice	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	41/8108	\$ 82,00
City, State, Zip Code	'	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name O Douthwest Ainline	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$ 323,000
City, State, Zip Code	''	\$
Purpose of Disbursement (Optional)  That I do Pie C	Aggregate Year-to-date	\$
E. Full name  Donation to munsem fund for D  Mailing Address	Date (Mo., Day, Year)	Amount of each disbursement this period
Children - Orst reductive	4127108	\$ 10000
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	'	S
City, State, Zip Code	//	\$
Dumnea of Dichurcament (Ontinnal)		•

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Name of Candidate or Committee Beck Committee			
Name of Candidate or Committee Beck C		0 .	Page O of /4
	Name of Candidate or Committee	Becky Currie	
Reporting period through	Reporting period	through	

A. Full name	Date (Mo., Day, Year	Amount of each disbursement this period
Mailing Address	511108	T#
City, State, Zip Code		s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	S
B. Full name  OURC  Mailing Address	Date (Mo., Day, Year)	Amount of each disbursement this period
City, State, Zip Code	51/100	16
		S
Purpose of Disbursement (Optional)  NEE to the Control of the Cont	Aggregate Year-to-date	\$
Quality Inc.  Address	Date (Mo., Day, Year)	Amount of each disbursement this period
City, State, Zip Code	5114108	\$ 296 90
urpose of Disbursement (Optional)		S
Hotel for Republican Conjention	Aggregate Year-to-date	\$
Cellula Fouth	Date (Mo., Day, Year)	Amount of each disbursement this period
ity, State, Zip Code	5122108	\$ 15000
urpose of Disbursement (Optional)	'	\$
Cell plane	Aggregate Year-to-date	\$
Franks of Rose Wick	Date (Mo., Day, Year)	Amount of each disbursement this period
ty, State, Zip Code	612108	\$ 250 30
rpose of Disbursement (Optional)	'	\$
Carpaign Donation	Aggregate Year-to-date	\$
Kegens Hotel iling Addigss )	Date (Mo., Day, Year)	Amount of each disbursement this period
y, State Xip Code	6,4,08	\$ 230,51
X		\$

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Name of Candidate or Committee	Decky CUICIU	<u>.                                    </u>		
Reporting period	through		<del></del>	

A. Fullmame Rootisash Republic Part	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	6 117108	5 25.00
City, State, Zip Code	'	S
Purpose of Disbursement (Optional)  DONATIO DUES	Aggregate Year-to-date	\$
B. Full game  April 2 Antisburg	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	6. 138108	\$ 97,010
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. Full name  C. Full name  C. Full name  Deposit	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	6 241 of	\$ 280,42
City, State, Zip Code	'	\$
Purpose of Disbursement (Optional) _	Aggregate Year-to-date	\$
D. Full name School Court Systeman Service	Date (Mo., Day, Year)	Amount of each disbursement this period
Maining Address	616108	\$ 15.00/
City, State, Zip Code Brook & Gue		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	S
E. Full name  Court	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	6 126107	\$ 178.85 /
City, State, Zip Code	_'_'_	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name Victie Malone - President Héplins Héptins	Date (Mo., Day, Year)	Amount of each disbursement this period
young Address	6:18:08	\$ 200,00 V
DOAPSting for Forker Child to buy clother		\$
Distrince of pichishall Montingall		•

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Name of Candidate or Committee _	Decky	CURru	
Reporting period	thro	ough	

A. Full name  KNC for McCaip	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	6,9,09	\$ 20 00
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
B. Fall game	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	713108	\$ 110.28 11
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
Brookhan High School Solf + FAM Mailing Address	Date (Mo., Day, Year)	Amount of each disbursement this period
	6 1/8108	\$ 5000
City, State, Zip Code	_'_'_	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Foll name  Mailing Address	Date (Mo., Day, Year)	Amount of each disbursement this period
City, State, Zip Code	21/208	s 2ft a
		\$
Purpose of Disbursement (Optional)  Num Page PRS  E. Full name	Aggregate Year-to-date	\$
Rental Ca- Mailing Address	Date (Mo., Day, Year)	Amount of each disbursement this period
City, State, Zip Code	Z122108	5296,89V
Purpose of Disbursement (Optional)	_''	\$
ThaveL	Aggregate Year-to-date	\$
Address	Date (Mo., Day, Year)	Amount of each disbursement this period
ity, State, Zip Code	7123108	\$ 73,00 V
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Name of Candidate or Committee	Lilly CVICAL	
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A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	7,25,08	\$ 16.8.89
City, State, Zip Code		\$
Purpose of Disbursement (Optional)  CUL Plane	Aggregate Year-to-date	\$
B. Full pame (VANIO Sharl	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	818,08	\$ 39.02 0
City, State, Zip Code	''	\$
Purpose of Disbursement (Optional)  Phone Changers thousand	Aggregate Year-to-date	\$
trues of Phil Brog of	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	7127198	\$ 250,00
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	S
Marison County Republican Women	Date (Mo., Day, Year)	Amount of each disbursement this period
maining Aduress ,	81/1102	\$ /00 =3
City, State, Zip Code		S
Purpose of Disbursement (Optional)  Dongton  One	Aggregate Year-to-date	\$
E. Full name    QCC \ C \ Mailing Address	Date (Mo., Day, Year)	Amount of each disbursement this period
City, State, Zip Code	8,22,08	\$76,44
Purpose of Disbursement (Optional)		\$
-travel	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code		\$
Durance of Dichurcoment (Ontional)	1	•

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Name of Candidate or Committee	Becks corrie	Page 9 of 16	
Reporting period	through		

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A. Full name  Exchange Club  Blailing Address	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	8 1241 01	\$ .50 =
City, State, Zip Code Brookhau		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
B. Full pame Chamber of Commercial	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	8,21,08	18 /00 00
City, State, Zip Code		\$
Purpose of Disbursement (Optional)  Booth for Brookfest	Aggregate Year-to-date	\$
Cilli Da Santt	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	£ 128,08	\$ 174,63
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
Natural Republic Part	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	91918	\$ 100 00
City, State, Zip Code		s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	S
E. Full name  Outherest Outh	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	9111198	\$ 259.50
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	S
F. Full name The - County Republican TARS	Date (Mo., Day, Year)	Amount of each disbursement this period
walling Address	710101	\$ 300 00
City, State, Zip Code	_'_'_	\$
Penning of Didhyrepropried to demine	<del> </del>	•

Name of Candidate or Committee	Becky Carrie	Page	of /6
Reporting period	/ through		

A. Full name  Ocas  Rivage	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	9,16,08	\$ 144.48
City, State, Zip Code	'	\$
Purpose of Disbursement (Optional)  Thavel - NUNSES Convention	Aggregate Year-to-date	\$
Douthwest Republica Headquaters	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address I 'V	91/6108	\$ 1000
City, State, ZIp Code	_/_/_	s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
Enul of Dres Karper	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	9116108	\$ 700-0
City, State, Zip Code	''	s
Purpose of Disbursement (Optional)  Donation Campain	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	9122105	\$ 86.23
City, State, Zip Code		S
Purpose of Disbursement (Optional)  Office Supplies	Aggregate Year-to-date	\$
E. Full name  (Cle la Sout	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	9-124104	\$ /72.07
City, State, Zip Code	/	\$
Purpose of Disbursement (Optional)  Call Store - Colockler	Aggregate Year-to-date	\$
Profy Just	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	2124102	\$ 150
City, State, Zip Code  BARL — DODALIS		\$
Book of the mind of the town o		•

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Name of Candidate or Committee		
Reporting period	through	

		100 Maria
A. Foll name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	1018108	\$ 1127.46
City, State, Zip Code		\$
Purpose of Disbursement (Optional) ADS	Aggregate Year-to-date	\$
BROOKhave Little Heater	Date (Mo., Day, Year)	
City, State, Zip Code	10/02/08	\$ 250000
Purpose of Disbursement (Optional)	''	\$
C. Full name U	Aggregate Year-to-date	\$
Mailing Address	Date (Mo., Day, Year)	Amount of each disbursement this period
City, State, Zip Code	10124108	\$ 182,97
	'	S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
Mailing Address	Date (Mo., Day, Year)	Amount of each disbursement this period
City, State, Zip Code	10 28,08	s 288.96 L
Purpose of Disbursement (Optional)	'	\$
Expulsame Auring Convention Applean	Aggregate Year-to-date	\$
Mahring Address	Date (Mo., Day, Year)	Amount of each disbursement this period
City, State, Zip Code	1113108	\$ 86.18
Purpose of Disbursement (Optional)	'	S
F. Full name	Aggregate Year-to-date	\$
Mailing Address	Date (Mo., Day, Year)	Amount of each disbursement this period
City, State, Zip Code	//	S
Dumosa of Dichursamant (Ontional)	//	\$
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Name of Candidate or Committee Beck	currie	Page /2 of /4
Reporting period	through	

A. Full pame	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	11,25,01	
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
B. Full name  S PDST Office	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	1215108	\$ 407,00
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	S
Mailing Address  Base Vall	Date (Mo., Day, Year)	Amount of each disbursement this period
mailing Address	1211108	\$ /00 00
City, State, Zip Code		s
Purpose of Disbursement (Optional)  D. Full name	Aggregate Year-to-date	\$
COUNCIL Son GAG MASKingto D	Date (Mo., Day, Year)	Amount of each disbursement this period
City, State, Zip Code	12126102	\$ 5000
		S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name  Culture  Boilton	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address  City, State, Zip Code	122098	5/12, 14 V
State Control		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
Fullyame	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address'	12,26,08	\$ 206 18 V
City, State, Zip Code		s
Hylogod of Dichurcamani Solizano les	1	•

Occupation (Required)

\$

\$

Aggregate year-to-date

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Name of Candidate or Committee Rock L. CURRIA	Page <u>3</u>	of _/6
Reporting period through		
Name of Candidate or Committee Becky Curne  Reporting periodthrough  ITEMIZED RECEI	PTS	
A. Source:   Corporation   PAC   Individual   Loan		Amount of each
Full name / 9/ + 0	(Mo., Day, Year)	inis period
Mailing Address	512108	\$5000
		\$
City, State, Zip Code		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$
B. Source:   Corporation PAC   Individual   Loan    Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		\$
Mailing Address		\$
City, State, Zip Code		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$
C. Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		\$
Mailing Address		\$
City, State, Zip Code		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$
D. Source:  Corporation PAC Individual Loan  Other (please specify)  Full name	Date (Mo., Day, Year)	Amount of each receipt this period
Mailing Address		\$
City, State, Zip Code		\$
		\$
Name of Employer (Required)		

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	Page .	1-1	_ of _	16	
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Name of Candidate or Committee	Beck curve
Reporting period	through

# ITEMIZED RECEIPTS

A. Source: □Corporation □PAC □Individual □Loan	Date	Amount of each
↑ □ Other (please specify)	(Mo., Day, Year)	receipt this period
Full name	91/108	\$250 "
Mailing Address Di St	11	\$
City, State, Zip Code Rouse		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$
B. Source: □Corporation ☑ PAC □ Individual □ Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name Care Care	1119108	\$ 508
Mailing Address P.O. BOX 14 68	_''_	\$
City, State Zip Code		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$
C. Source: Corporation PAC Individual Loan	Date	Amount of each
☐ Other (please specify)	(Mo., Day, Year)	receipt this period
Full name No Dental Daz	913108	\$500
Mailing Address		\$
City, State, Zip Code		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$
D. Source: Corporation PAC Individual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name  Mailing Address  (Ash	9123108	\$ 25000
awaiiig Awai 655		
1		\$
City, State, Zip Code	!!	\$ \$
City, State, Zip Code  Name of Employer (Required)		\$
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Name of Candidate or Committe	· Kock	Currue	rage / C of / C
Danadia a sasiad	. 0		

# ITEMIZED RECEIPTS

A. Source:     Corporation   PAC   Individual   Loan		
A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan	Date	Amount of each
□ Other (please specify)	(Mo., Day, Year)	receipt
Early 1970 Control of the Control of		triis period
Hothe Leneca	8 12/ 108	\$00 L
Mailing Address	<del>                                     </del>	\$
		•
City, State, Zip Code	<del></del>	\$
	'	*
Name of Employer (Required)		\$
	-'-'-	1
Occupation (Required)	Aggregate	S
	year-to-date	
B. Source: ☑Corporation ☑ PAC □ Individual □ Loan	Date	Amount of each
□ Other (please specify)	(Mo., Day, Year)	receipt
Full name	(wo., buy, rear)	this period
	71/0108	\$ 20000
Mailing Address		300
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City Chat To Cal	1-'-'-	
City, State, Zip Code	1 , ,	\$
	''	
Name of Employer (Required)	, ,	\$
Occupation (Required)	<u> -'-'-</u>	
occupation (required)	Aggregate	\$
C. Source: Corporation   PAC   Individual   Loan	year-to-date	
C. Source: pcorporation   PAC   Individual   Loan	Date	Amount of each
☐ Other (please specify)	(Mo., Day, Year)	receipt
Full/name -	, , , , , , , , ,	this period
Velma a & cecil Faters	110108	\$ 217
Mailing Address		0000
	//	\$
City State, Zip Code		\$
DROOKKar ins	//	Þ
Name of Employer (Required)		•
		\$
Occupation (Required)	Aggregate	\$
D. Source: ☐ Corporation ☐ PAC	year-to-date	7
D. Source: ☐ Corporation ☐ PAC	Date	Amount of each
☐ Other (please specify)	(Mo., Day, Year)	receipt
-ull name	(mus, zwy, reary	this period
UDI - Michael Middle	218108	\$ 50000
Mailing Address		\$ 000
	11	\$
City, State, Zip Code		
	//	\$
lame of Employer (Required)		
occupation (Required)	'	\$
Acceptation (vertailed)	Aggregate	\$
Xac	year-to-date	
74 <b>■</b> 77 760		